



Form 3A - Financial Assurance

Summary Information Overview

Form Name: **Form 3A - Financial Assurance**
Document Number: **402171976**
Date Submitted: **7/11/2024**
Date Approved: **7/11/2024**

Operator Information

Operator Number: **10112**
Operator Name: **FOUNDATION ENERGY MANAGEMENT LLC**
Operator Address: **5057 KELLER SPRINGS RD STE 650 ATTN: RICHARD PAYNE**
Operator City: **ADDISON**
Operator State: **TX**
Operator Zip: **75001**
First Name: **Chris**
Last Name: **Eisinger**
Contact Phone: **(303) 894-2100**
Contact Email: **chris.eisinger@state.co.us**
Subsidiary Operators: **None**

Summary

Financial Assurance Option: **3**
Financial Assurance Plan Amount \$: **\$200,000.00**
Contribution Amount %: **5%**
Contribution Amount \$: **\$10,000.00**
Active Financial Assurance \$: **\$50,000.00**
Adjusted Financial Assurance Amount \$: **\$60,000.00**
Form 3A - Balance \$: **\$0.00**

Rule 702 - Plugging, Abandonment, and Reclamation

Total Financial Assurance Required: **\$0.00**
Contribution Amount \$: **\$0.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 702 Balance \$: **\$0.00**

Rule 703 - Other Oil and Gas Facilities & Operations

Total Financial Assurance Required: **\$100,000.00**

Contribution Amount \$: **\$5,000.00**

Active Financial Assurance \$: **\$50,000.00**

Adjusted Financial Assurance Amount \$: **\$55,000.00**

Form 3A - Rule 703 Balance \$: **\$0.00**

703 (E&P Waste Facilities) - Total Financial Assurance Required: **\$0.00**

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$0.00**

Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 703 Waste Facilities Balance \$: **\$0.00**

703 (Remediation Projects) - Total Financial Assurance Required: **\$0.00**

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$0.00**

Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 703 Remediation Projects Balance \$: **\$0.00**

703 (Seismic Operations) - Total Financial Assurance Required: **\$0.00**

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$0.00**

Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 703 Seismic Operations Balance \$: **\$0.00**

703 (Gas Facilities) - Financial Assurance Selection: **Blanket**

703 (Gas Facilities) - Total Financial Assurance Required: **\$100,000.00**

Contribution Amount \$: **\$5,000.00**

Active Financial Assurance \$: **\$50,000.00**

Adjusted Financial Assurance Amount \$: **\$55,000.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

703 (Produced Water Transfer Systems) - Total Financial Assurance Required: **\$0.00**

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$0.00**

Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 703 Produced Water Transfer Systems Balance \$: **\$0.00**

703 (Commercial Disposal Facilities) - Total Financial Assurance Required: **\$0.00**

Contribution Amount \$: **\$0.00**

Active Financial Assurance \$: **\$0.00**

Adjusted Financial Assurance Amount \$: **\$0.00**

Form 3A - Rule 703 Gas Facilities Balance \$: **\$0.00**

Rule 704 - Surface Owner Protection Bonds

Financial Assurance Selection: **Blanket**
Total Financial Assurance Required: **\$100,000.00**
Contribution Amount \$: **\$5,000.00**
Active Financial Assurance \$: **\$0.00**
Adjusted Financial Assurance Amount \$: **\$5,000.00**
Form 3A - Rule 704 Balance \$: **\$0.00**
Exempt from Rule 704:

Instrument Allocation Summary

Instrument Summary:

Operator to mail the following instruments to ECMC office:

Instrument	Type	Operator	Provider	Amount
123456789	CASH	10112 - FOUNDATION ENERGY MANAGEMENT LLC	ENERGY & CARBON MANAGEMENT COMMISSION	\$100,000.00

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments: **Testing**

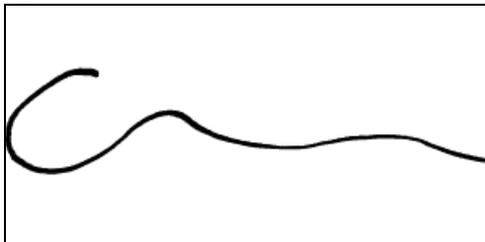
Name: **Chris Eisinger**

Title: **Tester**

Email: **chris.eisinger@state.co.us**

Phone: **(303) 894-2100**

Signature:



Associated Documents

402172351 - FORM 3A SUBMITTED

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/cogcc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

